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APPLICATION FOR COMMERCIAL FIRE / SMOKE ALARM

Project No: _

The City of Grove City Phone (614) 277-3075 4035 Broadway Grove City, Oh 43123 www.grovecityohio.gov Fax (614) 277- 3090

Property Information Owner Information		
Address	Parcel ID	
	State Zip Name:	
	HPA Rental Property Address:	
_	City:	
Subdivision	Lot Number Building Unit State: Zip:	
Project Information	Phone:	
Project Name:	Tenant Name:	
Number of Structures:	No of Units: Acreage: Construction Type:	
Total Const. Square Feet:	Ownership Type: Private Public	
Type of Improvement: Add	ition/Alteration	
Sewage Disposal:	☐ Private Water Supply: ☐ Public ☐ Private Heating Fuel: ☐ Gas ☐ Electric	
Principle Frame Type: Mas	onry/Wall Bearing	
**	4 Sets of Plans Required at the Time of Application **	
	4 Sets of Frans Required at the Time of Application	
Type of Permit: New	Construction – Building Permit Number Sq Ft per Unit	
☐ Alter Existing ☐ Additio	n to Building 🗌 Replace/Repair Existing ** Fire Detection/Alarm System: 🗎 Voltage 🔲 Low 🔲 Line	
	Indicate Number of Devices to be Installed or Altered Below:	
	Detectors/Smoke/Heat Alarm (Audible/Visual)	
	Manual Pull Stations Other (Flow Sw/Door/Hlds. Etc.)	
	Total Number of Devices:	
N	Plan Review Fee \$ 100.00 umber of Devices x \$1.00 Per Device Fee \$	
110	mber of Devices x \$1.00 Per Device Fee \$ Total of the above \$	
	3 % State Fee \$	
	TOTAL FEE DUE \$	
Contractor Inform	nation	
DBA_	G.C. Registration #	
	Contact Number	
Company	tate Certification Number State Installer Number	

Receipt/Trans#

Date Entered:

Date Issued: